

DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Food and Drug Administration
 Center for Food Safety and Applied Nutrition

SMALL BUSINESS NUTRITION LABELING EXEMPTION NOTICE

PLEASE TYPE OR CLEARLY PRINT IN BLANK SPACES

1. NAME OF FIRM

2. STREET ADDRESS OF FIRM

CITY

STATE

ZIP/POSTAL CODE

COUNTRY

TELEPHONE

FAX

E-MAIL

3. TYPE OF FIRM (Check all that apply)

- Manufacturer Packer/Repacker Retailer Distributor Importer Dietary Supplement

4. TWELVE-MONTH TIME PERIOD FOR WHICH YOU ARE CLAIMING EXEMPTION – Provide the applicable time period for the CURRENT YEAR. Example: 05/08/2013-05/07/2014 (MM/DD/YYYY - MM/DD/YYYY)

5. AVERAGE NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES FOR 12 MONTH PERIOD

Include the owner of the firm as an employee. Do not list "0" employees.

6. REPORT OF UNITS SOLD (USE CONTINUATION SHEET IF NECESSARY).

If new business, estimate number of units to be sold in upcoming year.

NAME OF PRODUCT	NO. OF UNITS	MANUFACTURER OF PRODUCT (A)
<i>Example: Chocolate Chip Cookies (multiple package sizes)</i>	<i>20,000</i>	<i>XYZ Baking Company</i>

7. NAME AND ADDRESS OF MANUFACTURER(S), DISTRIBUTOR(S), OR IMPORTER(S) OF PRODUCT(S) IN ITEM 6 IF DIFFERENT FROM FIRM CLAIMING AN EXEMPTION. (USE CONTINUATION SHEET IF NECESSARY.)

B NAME OF MANUFACTURER, DISTRIBUTOR, OR IMPORTER

ADDRESS

NAME OF MANUFACTURER, DISTRIBUTOR, OR IMPORTER

ADDRESS

SMALL BUSINESS NUTRITION LABELING EXEMPTION NOTICE (cont.)

8. CONTACT PERSON	TELEPHONE
9. The undersigned certifies that the above information is complete and accurate. The undersigned will notify the Office of Nutrition, Labeling and Dietary Supplements of the date on which the average number of full-time equivalent employees or the number of units of products sold in the United States by my firm exceeds the applicable numbers for the time period for which the exemption is being claimed.	
SIGNATURE	TITLE
NAME (Type or clearly print)	DATE

Send your notice to:
Center for Food Safety and Applied Nutrition
Food and Drug Administration
HFS-820
5001 Campus Drive
College Park, MD 20740-3835

This section applies only to requirements of the Paperwork Reduction Act of 1995.

DO NOT SEND YOUR COMPLETED FORM TO THE PRA STAFF EMAIL ADDRESS BELOW.

The burden time for this collection of information is estimated to average 8 hours per response, including the time to review instructions, search existing data sources, gather and maintain the data needed and complete and review the collection of information. Send comments regarding this burden estimate or any other aspect of this information collection, including suggestions for reducing this burden, to:

Department of Health and Human Services
Food and Drug Administration
Office of Chief Information Officer
Paperwork Reduction Act (PRA) Staff
PRAStaff@fda.hhs.gov

“An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB number.”